

Recipient Committee
Campaign Statement

(Government Code Sections 82000-82015.5)

Type or print in ink.

AMENDMENT

COVER PAGE

Date Stamp RECEIVED 00 OCT 31 AM 8:29 SUSAN J. BLACKSTON CITY CLERK CITY OF LODI	CALIFORNIA FORM 460 Page 1 of 24 For Official Use Only
---	--

REVIEWED BY
[Signature]
City Clerk/Dep. City Clerk
Date 10/31/00

Statement covers period
from 7-1-00
through 9-30-00

Date of election if applicable:
(Month, Day, Year)
Nov 7

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 7.

- | | |
|---|--|
| <input type="checkbox"/> Officeholder, Candidate
Controlled Committee
(Also Complete Part 4.) | <input type="checkbox"/> Primarily Formed Candidate/
Officeholder Committee
(Also Complete Part 6.) |
| <input type="checkbox"/> Ballot Measure Committee
<input type="radio"/> Primarily Formed
<input type="radio"/> Controlled
<input type="radio"/> Sponsored
(Also Complete Part 5.) | <input checked="" type="checkbox"/> General Purpose Committee
<input checked="" type="radio"/> Sponsored
<input type="radio"/> Broad Based |

2. Type of Statement:

- | | |
|--|---|
| <input type="checkbox"/> Pre-election Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement | <input type="checkbox"/> Supplemental Pre-election
Statement - Attach Form 495 |
| <input checked="" type="checkbox"/> Amendment (Explain below)
Asked to fill in a blank and
refigure. | |

3. Committee Information

I.D. NUMBER

96-2479

COMMITTEE NAME

Lodi Firefighters P.A.C.

STREET ADDRESS (NO P.O. BOX)

217 W. Elm

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Lodi

CA

95242

2093336776

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

PO Box 1841

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Lodi

CA

95242

2093336776

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

EVAN LUKE

MAILING ADDRESS

PO Box 1841

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Lodi CA

95242

209333-8701

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM 460

Page 2 of 4

4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: *List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.*

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

5. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

6. Primarily Formed Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

7. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10-31-00
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By [Signature]
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

SCHEDULE D

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

Statement covers period from <u>7-1-00</u> through <u>-30-00</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>74</u>	
<u>96-2479</u>	

SEE INSTRUCTIONS ON REVERSE

Lodi Firefighters PAC

DATE	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION OF NONMONETARY CONTRIBUTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT
9-14-00	Friends of Emily Howard city Council - Lodi	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		1000.00	Calendar Year \$ 1000.00 Other \$
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
9-14-00	Rieth Land city Council - Lodi	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		1000.00	Calendar Year \$ 1000.00 Other \$
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
9-14-00	Anthony Pescetti State Assembly	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		500.00	Calendar Year \$ 500.00 Other \$
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
SUBTOTAL \$				2500.00	

Schedule D Summary

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) Correct amount \$2500.00 \$ 2500.00
2. Unitemized contributions and independent expenditures made this period of under \$100 \$ 148.07
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) TOTAL \$ 2952.80

Schedule E
Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period from <u>7-1-00</u> through <u>9-30-00</u>		CALIFORNIA FORM 460
Page <u>4</u> of <u>4</u>		
NAME OF FILER <u>Lodi Fire Fighters PAC</u>		I.D. NUMBER <u>96-2479</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Mike Machado for State Assembly PO Box 1290 Stockton CA 95201	CTB	Fundraiser Dinner	100.00
Galt Sign 521 C Street Galt CA 95632		Banner made	204.73
Friends of Emily Howard 825 Alder Place Lodi CA 95242	CTB		1000.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 1304.73

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 2804.73
2. Unitemized payments made this period of under \$100	\$ 148.87
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).)	\$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 2952.80